

ASSESSMENT OF HEALTH WORKFORCE PILOT PROJECT (HWPP #171)
Mar Monte – San Jose Corporate Office
For Fresno Planned Parenthood Trainees
December 2, 2009

1. EVALUATION TEAM COMPOSITION

Healing Arts Boards:

California Medical Board - Linda Whitney, Chief of Legislation

Related Professional Associations

American College of Nurse Mid-Wives - Leslie Cragin, CNM, PhD, FACNM

OSHPD

Angela L. Minniefield, MPA, Deputy Director

Konder N. Chung, Chief - Access to Care Section

Gloria J. Robertson, HWPP Program Administrator

2. HWPP #171 TEAM REPRESENTATIVES

Molly Battistelli, HWPP #171 Project Director

Diana Taylor, RN, PhD, Principal Investigator

Richard Fischer, MD, Associate Director, Mar Monte

Vicki Houle, Associate Vice President of Quality Management

Heather Lorenzano, Research Coordinator

Purpose: To evaluate the project's progress in meeting its stated objectives and in complying with program statutes and regulations. This site visit is to assess the training of the Mar Monte Planned Parenthood Clinic Trainees.

Method: Interviews with HWPP #171 Clinic Administrative Team, Trainees and Preceptors, Review of Curriculum/Protocols, Review of Medical Records Abstractions and Patient Satisfaction Summary

3. PRE-ASSESSMENT TEAM CONFERENCE DISCUSSION

OSHPD Staff and Evaluation Team

Evaluation Forms Discussion –The evaluation team modified the site visit forms to reduce duplication and to eliminate questions that were not applicable. The specific changes for each form were as follows:

Administrative/Operations Form:

- Deleted: CCR Section 92312 – Modifications
CCR Section 92603 & 92308 - Site Visits and Monitoring.

- Changed “Observed Performance Assessment” to Observed Competency Assessment
- Moved “Daily Assessment Log” to The Trainee Interview Form under Records Management.

Deleted CCR Section 92310 - Costs.

Interview with Trainee Form:

CCR Section 92603 (a) - Interviews with project participants and recipients of care.

- Changed
- “1. Do you feel comfortable in your new role” to
 - (1) What new skills have you learned?
 - (2) How are you progressing with the new skills?
- Format Change “#4. Could you comment on the course content during your didactic and clinical training phases?” To read as follows:
Could you comment on the course content during your training phase?
 - a. Didactic
 - b. Clinical

Clinical Experience

- Amended “#2: Were the services that you provided related to: miscarriage management, abortion care, other maternal care?” To read as follows:
 - a) Are you providing any of the following:
miscarriage management, abortion care, other maternal care?
 - b) Have you used the skills learned in any of the other services you provide?
- Deleted “#3: Are you the sole trainee providing the service to an individual patient or is their another trainee assigned to work with you?”
- Deleted “#4: If another trainee is assigned to work with you, discuss who the primary trainee provider is and how that is determined?”
- Deleted “#5: What responses do you get when asking the patient to sign the consent form? Is there acceptance after the explanation?”
- Deleted “#6: If the patient declines to sign, what happens next?”
- Deleted “#7: Have there been instances when patients are reassigned\changed and given to a non-trainee practitioner?”
- Added:
 - #5. Do you have continuity of care for follow-up with patients?
 - #6. Do you have training and practice in post-abortion care?

Preceptor Interview Form

Section 92603 (a) - Interviews with project participants and recipients of care.

Reporting Procedures/shared Information

- Amended “#1: Describe the method of reporting and/or how information is shared regarding pilot project observations.” To read as follows:

Describe the method of reporting and/or how information is shared regarding pilot project observations between:

- a) Trainee and preceptor

- b) Preceptor: project team
- c) Preceptor: site management
- Amended “#2: Have you had a chance to review the patient questionnaires?: to read as follows:
Have you had a chance to review the patient satisfaction surveys/follow-up surveys?
What were your findings?

4. SITE VISIT PROTOCOLS – REVIEW AND DISCUSSION

HWPP #171 Project Director, Molly Battistelli, discussed the HIPPA confidentiality forms, site sensitivity to project participants and participating patients. Confidentiality forms were provided to each member of the evaluation team to review and sign. The research coordinator, assigned to oversee the development of the clinical records abstractions submitted her signed certification form to OSHPD-HWPP program administrator certifying that the data pertains to the HWPP #171 project.

The Associate Director of Mar Monte San Jose indicated that a physician is required on site during the period when the APCs are in training and when they are experiencing the employment/utilization phase.

5. ASSESSMENT OF OPERATIONS

The evaluation team used the Administrative/Operations Site Assessment Form to evaluate the sites administrative records. The findings are summarized as follows:

Health & Safety Code

- **Section 128165 (c): Implications of the project for health services curricula and for the healthcare delivery system.**

California Code of Regulation (CCR)

➤ Section 92306: Curriculum

- The Advanced Practice Clinicians (APCs) training curriculum is available at all times for trainee or preceptor use at the clinical site, and is available online. The trainees have indicated that they prefer the textbook to the online system. There have been no modifications to the curriculum. The team indicated that the text is evidence based.
- Clinical protocols and the delegation of service agreements for the physician assistant trainees are standardized. The listing of APC trainees, with signatures forthcoming, is incorporated with the standardized procedures/protocols. This is a requirement set forth by the Board of Registered Nursing and the Medical Board of California adheres to the OSHPD-HWPP pilot project regulations.

➤ CCR Section 92311: Trainee Information & Preceptor Information

- The clinic has an APC and preceptor personnel file that reflects the current licensing information of the participants. The Evaluation Team reviewed APC #168's file.

- The trainee's clinical schedule is posted in the site's administrative area. Trainees are scheduled for training from 1 to 2 days per week.

Health & Safety Code

➤ **Section 128150: Any patient being seen or treated by a trainee shall be apprised of that fact and shall be given the opportunity to refuse treatment. Consent to the treatment shall not constitute assumption of the risk.**

➤ **CCR Section 92309: Informed Consent**

- The site's research coordinator reviews the informed consent form with patients and places the signed consent form in the patient's medical record. The form is available in both English and Spanish. The evaluation team did not inspect the medical record.

Health & Safety Code

➤ **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**

➤ **CCR Section 92308: Monitoring**

- Each APC keeps an observed competency assessment log that reflects ratings for patient care, communication skills, and professionalism. The preceptor reviews the log with the APC, includes notes on any complications that the APC experiences and signs the log. The evaluation team reviewed competency logs of the Mar Monte participants.
- Each APC keeps a log of procedures that are provided to consenting patients. However, the APCs procedures logs were unavailable to the evaluation team. The HWPP #171 Project Director indicated that the site was experiencing data retrieval issues and indicated that the trainees, during their interviews, will comment on the logs they keep. The evaluation team was given a blank procedures log form for format review.
- Training Costs: Molly Battistelli, HWPP #171 project director, provided information regarding training costs. The overall pilot projects cost for training the APCs is \$7,200 which includes the following:

The average cost of preparing a trainee	\$7,200.00

40 procedures to competency	\$2,200.00
Per Trainee Cost – Trained To Competency	<u>\$5,000.00</u>
	\$7,200.00

6. PRECEPTOR INTERVIEWS

The evaluation team used the Preceptor Site Assessment Form to evaluate the site's preceptor. The interview with the preceptor was to illicit training assessment for the APCs. A total of 2 preceptors oversee the training of the APCs at this site. One

preceptor, T-42, was interviewed. The findings from the interview are summarized as follows:

Health & Safety Code

➤ **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**

➤ **Section 128165 (d): Teaching methods used in the Project**

➤ **CCR Section 92603 (c): Interviews with project participants and recipients of care**

- **T-42** has been in private practice for 10 years, and is primarily available in the Mid-Costal cities, e.g. Monterey, Santa Cruz.
- T-42 is the preceptor for the Mar Monte Planned Parenthood APCs and has provided services at three Planned Parenthood clinics and occasionally fills in at clinics where services are needed. The love for teaching, a concern for the number of available providers for abortion care and concerned that violence toward abortion providers will decrease provider availability, inspired this preceptor to participate in the pilot project.
- T-42 indicated that the role is to teach APCs to perform early abortion care services, to ensure that the APCs are aware of their limits; do not go beyond their service limits; and are not afraid to ask for consultation. T-42 is comfortable in the role of preceptor, and is always available on APC training days. There is always a physician in the clinic that can serve as preceptor back-up. If no physician is available on the day of training for the APC, the training is canceled.
- The research coordinator is the individual who approves the patient for participation and assigns the patient to an APC.
- Currently there are five APCs participating in the HWPP #171 pilot project at Mar Monte. In the aggregate, their communication skills and their hand coordination and judgment are outstanding. The trainees have years of experience which is reflected in their clinical performance. They are head and shoulders above the family practice residents with excellent exam and interpersonal skills.
- The preceptor did not identify any weakness among the trainees. If weaknesses were exhibited by a trainee early in the training, T-42 would focus the training and spend more time in those areas. If late in the training phase, T-42 would fail the trainee or allow additional training time to strengthen those weak areas.
- T-42 did not observe any unusual occurrences or incidents while the trainees were in clinical training. A re-aspiration would not mean that the trainee did a lousy job. The preceptor commented that carefully done abortions could still have a need for a re-aspiration. Re-aspirations can occur when there is a small cervical canal and it difficult to dilate. During the clinical training phase, the preceptor would perform the re-aspiration.
- Regarding the readiness for the trainee to advance to the employment/utilization phase, T-42 indicated that 40 procedures is a good number and gives the trainee a chance to experience a variety of case types. The APCs were ready before

reaching the 40 number. T-42 feels that it is best to have two preceptors available in the clinic.

- Two APCs that are training in the Fresno clinic experienced a lot of follow-up care. The three APCs who are in the employment/utilization phase are seeing follow-up patients that had procedures performed by physicians at the parent clinics.
- There is constant communication between the preceptor and trainee. During the performance of a procedure by the APC, the preceptor will speak to the trainee. After a procedure, the preceptor will discuss the case in a debriefing room, for example “now what did we learn.”
- Between the preceptor and project team - T-42 will call the research coordinator to discuss cases.
- Between the preceptor and site management – T-42 will discuss issues with the clinic's medical director to keep the clinic management abreast of the project and trainees status.
- There is a protocol to assist the trainee/trainer with clinical issues. T-42 reviews patient satisfaction surveys periodically and noticed the positive feedback from the patients.
- T-42 expects that the findings will show that in comparing the APC with the physician that there will be no difference in outcome; no difference in complication rates.
- T-42 reiterated that the APCs are fabulous, communication skills are great.

7. INTERVIEWS WITH THE APCS

The evaluation team used the Interview with Trainee Form to evaluate the site's APCs. A total of five APCs were interviewed during the site visit. One APC is in the clinical phase and four APCs are in the employment/utilization phase. In the aggregate, the findings are as follows:

Health & Safety Code

- **Section 128165 (a): The new health skills taught or extent that existing skills have been reallocated**

8. Section 128165 (d): Teaching methods used in the Project

9. CCR Section 92603 (c): Interviews with project participants and recipients of care

T-168 is currently in the employment/utilization phase.

- T-168 has worked as a nurse practitioner for eleven years specializing in women's health and has worked with Planned Parenthood as an educator and counselor. Experiences at Planned Parenthood as an educator initiated an interest in attending nursing school. T-168 worked as a recovery room nurse, a nurse in prenatal care in 2004-2007, has experience in ultrasound, laminaria, and surgical abortion preparations.

- T-168 was inspired to become a part of the pilot project by clinicians in a Clinic of a neighboring city and indicated that becoming a trainee in the pilot project has been a dream come true.
- T-168 indicated that the new skills being learned are: para-cervical block, examining tissue, insertions of IUD, and local anesthesia. T-168 feels comfortable in this new role and is able to calm patients, knows when to ask for help, and feels forty procedures was enough for learning the skills. The transition from training phase to the employment phase has been okay, but there is a different feeling when the preceptor is not in the room looking over your shoulder.
- Regarding the didactic phase, the text book allows for self study. Portions of the text book for T-168 were not needed because of obtaining the skills/knowledge prior to the pilot project.
- T-168 is providing miscarriage management services, first trimester abortions and administers the medication fentanyl. T-168 has experienced an incomplete abortion and was able to observe how the preceptor completed the process.
- Since the training phase, T-168 indicates that there is less continuity of care for the patients seen at the training clinic. The training and the employment/utilization sites are in different locales. Thus, T-168 does not have the experience of follow-up of patients seen at the training site. T-168 indicates that it is a lack of closure to the patient – provider relationship when she does not have the ability to follow-up with patients from the training site. T-168 is able to do chart reviews at the employment/utilization site.
- T-168 keeps a log of procedure performed but has not reviewed any of the patient satisfaction forms. T-168 has received information regarding the survey results from the research coordinator. The comments from the survey were positive.
- T-168 would like to see the two month gap between the training phase and the employment phase closed. T-168 hopes that as a result of the project, laws will be developed to allow independent practice by APCs. It is an honor to participate in the program; had a great trainer.

T-197 is currently in the employment/utilization phase.

- T-197 is a physician assistant and has worked with Planned Parenthood for 6 years in family practice.
- T-197's father is a physician and the inspiration to become a physician assistant came from him. T-197 felt that the pilot project was an opportunity to grow and expand skills in the family practice profession.
- T-197 has learned the following skills: cervical block and dilation, and has completed forty procedures. T-197 feels comfortable in this new role and is ready to begin the employment/utilization phase.
- T-197 indicated that the didactic is specific with a lot of background information; has a great trainer who provides tips; is able to ask questions. T-197 feels that forty procedures are just about right for advancing to the next phase of the project.

- T-197 provides the following services to participating patients: endometrial biopsies, first trimester abortions, miscarriage management (no re-aspirations), ultrasound, and IUD insertions.
- T-197 has administered the following medications: some sedatives, Versed and Fentanyl.
- T-197 has not experienced any complications. Planned Parenthood keeps a log of complications and the research coordinator informs the APC if any are recorded. T-197 has provided post discharge care to patients in the parent clinic.
- T-197 is just completing the training phase and has not reviewed any patient satisfaction surveys.
- T-197 would like a synopsis chart of how to handle emergencies and complications. Planned Parenthood has protocols for these, but general overview would be good in the training materials.
- T-197 is hopeful that laws will allow physician assistants to be able to work in independent practice. T-197 has enjoyed the experience and patients are grateful.

T-342 was interviewed by telephone and is currently in the employment/utilization phase.

- T-342 has worked as a clinician (nurse practitioner) since 1992 and has practiced in Central Valley health settings for years in reproductive health. T-342 has worked with Planned Parenthood for two years. T-342's was inspired by the mother's work in a Women's Health Care Clinic. T-342 believed that there is a lack of providers available for abortion services and was inspired about the opportunity of becoming a part of the pilot project.
- T-342 has learned new skills that are required to perform first trimester abortions, and re-aspirations. T-342 is progressing very well, very confident, and has performed 130-133 cases.
- T-342 would refer a patient to a physician if the patient does not meet the criteria for the pilot project.
- T-342 used the workbook, observed the preceptor techniques, discussed cases, other's procedures, potential for complications and other issues relating to abortion care. T-342 indicated that six consecutive days is a good schedule.
- T-342 has provided the following services: ultrasound, pre-operative medications, abortion services, and prenatal care. Medications administered by T-342 are: Fentanyl, Versed and Vicodin. T-342 has experienced two complications: (a) a missed abortion procedures (six weeks or less); T-342 saw scant tissue; the ultrasound showed the uterus as empty, thus there was a delay in care; and (b) a hematometria, six weeks post operative.
- T-342 has experienced follow-up care of patients and has had training in post abortion care during the performance of regular duties at Planned Parenthood.
- T-342 keeps a log of patient procedures. T-342 is in transition to the employment/utilization phase, and knows that the research coordinator has entered the procedures into the electronic file. The research coordinator has also provided T-342 with results of the patient satisfaction surveys of participating patients.

- T-342 feels that there needs to be more clinicians available to provide access to care for patients; feels that APCs can perform the procedures as well as the physicians.

T-664 has completed the clinical training phase and is ready to enter the employment/utilization phase.

- T-664 entered nursing school in 1986, received a masters in women's health in high risk labor and delivery (nurse practitioner) in 1991, worked in a family practice setting in 1994.
- T-664 was inspired to become a nurse practitioner while working as an orthopedic nurse, and wanted to expand the nursing skills. The opportunity to receive a grant inspired T-664 to continue the education toward becoming a nurse practitioner. T-664 worked with a physician who provided abortion care services and felt that there was a lack of providers available to provide the service. The opportunity to become a part of the pilot project would advance the skills and provide access to care for T-664.
- New skills that T-644 has learned include: para-cervical blocks, dilations, and re-aspirations. T-664 feels really comfortable with performing the procedures. There was a month gap between the training phase and the employment phase.
- T-664 indicates that the didactic training was good, the workbook is good for independent learning, but prefers classroom style. The clinical training was great.
- T-664 indicated that forty procedures are enough with the preceptor in the room. Sixty procedures would be good for the employment/utilization phase with a physician on site.
- Services that T-664 is providing are: miscarriage management, endometrial biopsies, IUD insertions, para-cervical blocks; no re-aspirations. T-664 administers fentanyl and versed. T-664 has not experienced any complications.
- T-664 has experienced follow-up care at the parent work site, but not at the pilot project clinical setting.
- T-664 keeps a log of patient procedures and has seen summaries of patient satisfaction survey results.
- T-664 did not have any suggestions for modifying the training material. T-664 felt that the content was fine, and favors a read first, then, observe before performing a procedure. As an outcome of the pilot project, T-664 hopes that APCs will be able to legally provide the service.

T-749 is currently in the clinical training phase.

- T-749 has been a nurse practitioner for ten years, a school nurse for twenty years, and also an intensive care nurse. T-749 was inspired to become a nurse practitioner while visiting Mexico to provide services for the underserved population. T-749 has been with the Planned Parenthood Clinics for ten years and has provided coposcopies, prenatal and women's health care services. The work at the Planned Parenthood Clinics inspired T-749 to become a part of the pilot project.

- The new skills that T-749 has acquired include cervical blocks, dilation and evacuations of the uterus and abortions. T-749 has experienced twenty-one cases and is very comfortable as an advanced novice.
- The course content was very relevant and T-749 is very satisfied with the course material. T-749 has advance knowledge of skills that are being taught. The textbook is very helpful. The clinical experience was great with a great preceptor. T-749 feels that one or two days a week is good and has not reached the forty procedures required for meeting competency.
- The service that T-749 is providing includes first trimester abortion services, laminaria insertions with cervical block, and IUD insertions. T-749 is able to administer versed, and fentanyl. T-749 has not experienced any complications. T-749 has training and practice in ultrasound, bleeding cramping and infection control.
- T-749 keeps a log of patient procedures and has reviewed patient satisfaction survey results. The research coordinator also provides T-749 with information regarding the patient's satisfaction survey results. They were very favorable. T-749 has enjoyed the experience and the opportunity to learn and provide this service.

8. CLINICAL RECORDS ASSESSMENT

The evaluation team used the Clinical Records Assessment Form to evaluate the medical record abstractions and the patient survey abstraction records.

- **Health & Safety Code**
- **Section 128165 (e): The Quality of Care and Patient Acceptance of the Project**
- **CCR Section 92603: (a) Site visits shall determine that adequate patient safeguards are being utilized.**
 - During the period December 1, 2008 through August 31, 2009, there were 407 patients participating in the study. Of the 407 participating patients, 223 were seen by the APCs and 184 were seen by the clinic physicians.
 - Of the 407 participating patients, 42 declined to be seen by the APC. There were 4 abortion related complications.
 - 103 patients consented to participate but were found ineligible for the study.
 - The evaluation team reviewed 21 (5%) of the 407 clinical records abstractions of participating patients seen at this site.
 - Each clinical abstraction form was accompanied with the patient satisfaction form returned by the patient. Below are the evaluation team summaries of the 21 abstraction records provided:

¹ Medical Record Abstraction Record Number 2079	ICD-9-CM procedure was 634.90. The reimbursement type was Medi-Cal. The service was render by an APC without consultation from the physician.
Patient Survey Abstraction ----- Medical Record Abstraction Record Number 1868	Follow-up was attempted by telephone three times but was unsuccessful. ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. The service was render by an APC without consultation from the physician.
Patient Survey Abstraction ----- Medical Record Abstraction Record Number 3301	Follow-up was received by mail. The patient indicated that the experience was better than expected. ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was self-pay. The service was render by the physician.
Patient Survey Abstraction ----- Medical Record Abstraction Record Number 3404	Follow-up was attempted three times by telephone, but the patient was not reached. ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. The service was render by a physician.
Patient Survey Abstraction ----- Medical Record Abstraction Record Number 3110	Follow-up was attempted three times by telephone, but the patient was not reached. ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. The service was rendered by a physician.

¹ Evaluators were not consistent in the format recording of the medical record abstraction records that corresponded with the patient satisfaction survey number. Thus the breaking line reflects the medical records abstraction record with the corresponding patient survey abstraction record.

Patient Survey Abstraction -----	Follow-up was attempted three times by telephone, but the patient was not reached.
Medical Record Abstraction Record Number 2876	ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. The service was rendered by a physician.
Patient Survey Abstraction -----	Follow-up was attempted three times by telephone. There were no incidents and no return visits. The experience was better than expected.
Medical Record Abstraction Record Number 2985	ICD-9-CM procedure was 635.90. The reimbursement type was self-pay. Services were provided by the APC without consultation by the preceptor. There were no return visits and no incidents.
Patient Survey Abstraction -----	Follow-up was attempted three times, but the patient was not reached.
Medical Record Abstraction Record Number 3426	ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. There were no return visits and no incidents. Services were provided by the APC without consultation by the preceptor.
	Follow-up was received by mail. The patient experience was better than expected. The patient indicated that there were no problems.
Medical Record Abstraction Record Number 3703	ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. Services were provided by the APC without consultation by the preceptor
Patient Survey Abstraction -----	Follow-up indicated that there were no problems and the experience of the patient was better than expected.

Medical Record Abstraction Record Number 2859	ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. Services were provided by the APC without consultation by the preceptor and there were no incidents.
Patient Survey Abstraction -----	Patient requested a follow-up by a physician.
Medical Record Abstraction Record Number 2860	ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was self-pay. The service was rendered by a physician. There were no incidents or return visits.
Patient Survey Abstraction -----	Follow-up survey indicated that there were no problems and the experience was what was expected.
Medical Record Abstraction Record Number 1894	ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. The service was rendered by a physician. There were no incidents or return visits.
Patient Survey Abstraction -----	There was no return of a patient satisfaction survey.
Medical Record Abstraction Record Number 1888	ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. The patient was tested for Chlamydia and given fentanyl. The service was rendered by APC without consultation by physician. There were no incidents.
Patient Survey Abstraction Record Number 1874 -----	Follow-up was attempted two times. The patient indicated that there were no problems, and the experience was better than expected.

Medical Record Abstraction
Record Number 1288

ICD-9-CM procedure was not reflected on the assessment form. The reimbursement type was Medi-Cal. The patient was referred to the physician (double uterus). The patient did not return to the clinic.

Patient Survey Abstraction
Record Number 1293

Follow-up was received by telephone. The patient indicated that there were no problems and the experience was better than expected.

Medical Record Abstraction
Record Number 3835

ICD-9-CM procedure was 635.92. The reimbursement type was Medi-Cal. The service was rendered by a physician. There were no incidents and no return visits.

Patient Survey Abstraction
Record Number 3589

Follow-up was received by telephone. There were no problems and the patients experience was better than expected.

Medical Record Abstraction
Record Number 2876

ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. The service was rendered by a physician. There were no complications and return visits.

Patient Survey Abstraction
Record Number 2781

Follow-up was received by telephone. There were no problems and the patients experience was better than expected.

Medical Record Abstraction
Record Number 3381

ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. The service was rendered by a physician. There were no incidents and no return visits.

Patient Survey Abstraction

Follow-up was received by telephone. The patient had some discharge but did not seek care. The experience was better than expected.

Medical Record Abstraction Record Number 2867	ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. The service was rendered by an APC without consultation. There were no return visits and no incidents.
Patient Survey Abstraction	Follow-up was received by telephone. There were no problems. Patient took twenty-four hours off from work. The care was better than expected.

Medical Record Abstraction Record Number 3072	ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. The service was rendered by an APC without consultation. There were no incidents and no return visits. Services were provided by the APC without consultation by the preceptor.
Patient Survey Abstraction	Follow-up was received by telephone (two attempts were made). The patient indicated that there were no problems the service was better than expected. The patient did not take any time off from work.

Medical Record Abstraction Record Number 2871	ICD-9-CM procedure was 635.90. The reimbursement type was private insurance. The service was rendered by a physician. There were no incidents and no return visits.
Patient Survey Abstraction	Follow-up was received by telephone. There were no problems and the service was what was expected. The patient took five days off from work.

Medical Record Abstraction Record Number 2870	ICD-9-CM procedure was 635.90. The reimbursement type was Medi-Cal. There were no return visits and no incidents. The service was rendered by a physician.
Patient Survey Abstraction	Follow-up was received by telephone. There were no problems and no incidents. The patient did not take any time off from work. The service was what was expected.

9. POST-ASSESSMENT TEAM CONFERENCE DISCUSSION

The evaluation team observed the following during the post assessment team conference:

- There appears to be a gap between the time the APC completed the training phase and the time entering the employment/utilization phase. The APCs ask for a brush up in clinicals before assuming the employment/utilization when there is a gap
- There is no follow-up care provided by APCs when the APC is working at the parent clinics and being trained at a different clinic. Thus, the comments regarding continuity of care for the APC vary. The follow-up care is done by the research coordinator with information given to the APC.